Newton Healthcare Corporation
d.b.a. NMC Health
Healthcare Assistance Program

Patient Financial Assistance Plan
Prepared with the Assistance of
The Midland Group

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Newton Healthcare Corporation Financial Assistance Policy

1.0 Policy:

As part of its mission and commitment to provide access to health care for all people, Newton Healthcare Corporation provides financial assistance to patients who qualify for assistance pursuant to this Financial Assistance Policy, referred to as the Healthcare Assistance Program (HCA).

All individuals who come to the Newton Healthcare Corporation Emergency Department, or onto Newton Healthcare Corporation property, for an examination or treatment for a medical condition will be screened to determine whether an emergency medical condition exists consistent with Newton Healthcare Corporation's Emergency Department Plan and Care of OB Triage Patients Policy. Neither the initial medical screening nor lifesaving treatment will be impeded by inquiries about the individual's method of payment or insurance status.

2.0 Scope:

This Healthcare Assistance Program applies to the following providers or practices who deliver emergency or other medically necessary medical care in hospital-owned facilities:

NMC Health Neurology Specialists
NMC Health Home Care
NMC Health Immediate Care – Newton
NMC Health Diabetes & Endocrinology Specialists
NMC Health Family Medicine – Valley Center
NMC Health Family Medicine – Hesston
NMC Health Medical Center
NMC Health Orthopedics and Sports Specialists
NMC Health Surgical Specialists
NMC Health Urology Specialists
NMC Health Physical Therapy & Rehabilitation
NMC Health Family Medicine – North Amidon
NMC Health Family Medicine – Park City

This Healthcare Assistance Program applies to the following non-hospital owned providers or practices who deliver emergency or other medically necessary medical care:

Newton Fire and EMS
Apogee Medical Management

This Healthcare Assistance Program does not apply to the following non-hospital owned providers/practices who deliver emergency or other medically necessary medical care in the hospital facility:

Advanced General Radiology, LLC
Advanced Physical Therapy of Newton
Anesthesia Billing, Incorporated
Associates in Women's Health, PA
Axtell Clinic
Axtell Eye Center
Cardiovascular Care, PA
Cancer Center of Kansas
Central Care Cancer Center
Cottonwood Pediatrics
Davidson Dental
Empower Physical Therapy
Greene Vision Group
Health Ministries Clinic
Heartland Cardiology
Hutchinson Clinic - Newton
Integrity Medicine
Mid Kansas Ear, Nose, and Throat Associates
Partners in Family Care
South Central Pathology
Sunflower Pulmonology and Sleep Medicine
The Kansas Foot Center
Tippin Dental Group
Urology Clinic of Kansas
Via Christi Clinic
Wichita Diabetes & Endocrinology
Wichita Urology Group

3.0 Purpose:

This Policy is intended as a guideline to define the parameters of the eligibility requirements and assistance offered under the Policy. This Policy also serves to meet the requirements set forth in the Internal Revenue Code Section 501(r).

4.0 Definitions:

Alien – A person who is not a citizen or national of the United States. – Internal Revenue Service

Amounts Generally Billed (AGB) – The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the effective contract. Newton Healthcare Corporation calculates the AGB pursuant to the Medicare Fee-for-Service prospective method. The prospective method is based on setting AGB for the care at the amount the facility determines would be the total amount Medicare would allow for the care.

Emergent – a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy or serious impairment.

Extraordinary Collection Actions (ECA) – ECAs are actions taken by a hospital facility against an individual related to obtaining payment of a bill for care and services provided that may require a legal or judicial process, or involve reporting adverse information about an individual to consumer reporting agencies or credit bureaus.

Family/Household Size – see criteria below in 13.2.

Family Income – Defined by the Census Bureau and includes:

- Earnings, cash assistance, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, self-employed earnings from owning a business, and other miscellaneous sources
- Noncash benefits (such as food stamps and housing subsidies) are not included
- Determined on a pre-tax basis
- If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, are excluded)

Financially Indigent – Patients (1) who are uninsured or underinsured and (2) whose gross income is from 0% to 275% of the Federal Poverty Guidelines, are referred to as Financially Indigent patients.

Lawful permanent residents - Lawful permanent residents (LPRs), also known as "green card" holders, are non-citizens who are lawfully authorized to live permanently within the United States. LPRs may accept an offer of employment without special restrictions, own property, receive financial assistance at public colleges and universities, and join the Armed Forces. They also may apply to become U.S. citizens if they meet certain eligibility requirements. – Definition from Homeland Security

Medically Indigent – Patients (1) who are uninsured or underinsured, (2) have cash and assets over 275% of the Federal Poverty Guidelines, and (3) have excessive or extraordinary medical liabilities as compared to income.

Medically Necessary – Any service or procedure reasonably determined by the patient's treating provider, and within CMS regulations, to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life. The physical, mental, cognitive, or developmental effects cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. It may also include a course of treatment that includes mere observation or no treatment at all.

The Midland Group – A partner of Newton Healthcare Corporation is a patient advocate, accounts management company owned by a charitable trust, to assist our patients with affordable payment options and public benefits.

Non-Relative - a person who is not a member of your family or is unrelated to you by blood, marriage, or adoption.

Tax Identification Number (TIN) - A foreign person, who doesn't have and can't get an SSN, must use an individual taxpayer identification number (ITIN). A foreign person may be a resident alien for income tax purposes based on days present in the United States.

5.0 Eligibility Criteria:

Eligibility for financial assistance under the Healthcare Assistance Program will be based on a number of factors, including, but not limited to: Citizenship or lawful permanent resident status in the United States, income level and assets, and residence in Newton Healthcare Corporation's service area.

5.1 Patients who are determined to **be financially indigent** with a gross household income of 0% to 275% of Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 100% less the nominal flat fee outlined in section 6.0. See schedule A of the Healthcare Assistance Eligibility Discount Guidelines. Patients who are self-pay, who have an outstanding bill (coinsurance, deductible, copayments and/or non-covered charges) after all insurance payments have been received, who have exhausted their benefits and are liable for the charge may qualify for financial assistance in this category.

5.2 Patients who are determined to **be medically indigent** with a gross household income over 275% of Federal Poverty Guidelines may qualify for a financial assistance discount of 40% of Amounts Generally Billed (AGB). See Schedule A of the Financial Assistance Eligibility Discount Guidelines. Factors taken into consideration include, but are not limited to: extreme expenses as compared to income, extraordinary medical expenses, consideration of other resources available including assets, other

financial obligations, catastrophic illness, loss of job or current inability to work, medically necessary versus elective services, wage earning capacity or other extenuating circumstances. Patients who are self-pay may qualify for financial assistance in this category.

5.3 The Financial Assistance Program is intended to serve **residents** of Harvey County or those living in zip codes: 66840, 66843, 66851, 66858, 66861, 66866, 67016, 67020, 67041, 67053, 67056, 67062, 67063, 67067, 67073, 67107, 67114, 67117, 67123, 67135, 67147, 67151 and 67154, 67219, 67428, 67438, 67443, 67546, or 67522. Proof of physical address (at least 2 approved documents: i.e. current and previous month's utility, water, trash, or rent/mortgage) may be required.

- Persons who reside outside these zip codes and are patients at Primary Care Clinics owned by Newton Healthcare Corporation/NMC Health are eligible for The Healthcare Assistance Program.

- College students seeking emergent or medically necessary care who have a permanent or temporary address within these zip codes may be eligible for financial assistance.

- If NMC Health accepts a direct transfer from another medical facility (not including a direct admit from a physician practice) or is delivered to our facility by Emergency Medical Services (EMS), the patient can apply for Healthcare Assistance regardless if they reside out of our service area.

5.4 The applicant must provide proof of United States citizenship, or provide proof of lawful permanent resident status within the United States. Lawful permanent residents are non-citizens who are lawfully authorized to live permanently within the United States.

5.5 To be considered for a discount under the HCA Program, the individual must cooperate with Newton Healthcare Corporation and The Midland Group to provide the information and documentation necessary to determine eligibility. This includes completing the required application forms and cooperating fully with the information gathering and assessment process. Any false information provided by the individual in the application process will disqualify the individual from the HCA program.

5.6 Patients who have Medicaid or other indigent care programs may be eligible when non-covered services are provided or when they have exceeded the approved length of stay.

5.7 Patients whose family income exceeds 275% of the Federal Poverty Guidelines may be eligible to receive discounted rates on a case-by-case basis based on their specific

circumstances, such as catastrophic illness or medical indigence, at the discretion of Newton Healthcare Corporation.

5.8 Services purchased on MDSave are not eligible for Financial Assistance.

6.0 Nominal Flat Fee

Copays may be required per visit as follows and will be the lessor of the following or predefined copays from a patient's insurance provider.

Patients who are approved for the Financial Assistance Program may be billed a nominal flat fee (called a copay) for services rendered. Copays may be required per visit per as follows:

- $100 copay for an Inpatient or Observation visit
- $50 copay for an Outpatient or Emergency Room visit
- $25 copay per visit for recurring outpatient visits until $150 has been met
- $25 copay for a provider office visit

The Inpatient and Outpatient copay is inclusive of all services the patient has received during their stay. A series (defined treatment plan) of recurring Outpatient visits will have the appropriate copay applied with a cap of $150. Examples of these type of services are as follows:

- Outpatient Rehab (Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac, Pulmonary)
- Wound Care
- Infusion Therapy
- Series of Labs

For a scheduled visit (not an Emergency Room visit) an approved Financial Assistance application and copay may be required at the time of visit or the patient's appointment may be rescheduled.

7.0 Services Not Covered Under This Policy:

Newton Healthcare Corporation reserves the right to limit the services covered by this Policy. Services not covered by this Policy include, but are not limited to: Home Health Private Duty services and non-medically necessary treatment.

Medical necessity will be determined based on utilization review criteria and by one or more of the following: Consultation with the patient's physician/office nurse; consultation with the Case Manager or other clinical staff; Milliman or InterQual Criteria; Medicare, Medicaid, Blue Cross Blue Shield, and/or other 3rd party criteria for coverage.

8.0 Limitation on Charges:

In the case of emergency or other medically necessary care, a patient who is eligible for assistance under this Policy will not be charged more than the Amounts Generally Billed (AGB) for a Medicare Fee-For-Service beneficiary. The AGB is calculated using the prospective Medicare Fee-For-Service method.

9.0 Method for Applying for Financial Assistance:

Application for the Healthcare Assistance Program can be initiated by the following actions:

- Obtain an application at Newton Healthcare Emergency Department or Admissions locations at 600 Medical Center Drive, Newton, KS; or at the Patient Financial Services department located at 800 Medical Center Drive, Newton, KS.
- Request to have an application mailed to you for free by calling 316-283-2700, ext. 1951.
- Request a free application by mail at Newton Healthcare Corporation, PO Box 308, Newton, KS 67114.
- Download an application through the Newton Healthcare Corporation website: https://www.mynmchealth.org/patients-visitors/payment-information/financial-assistance/.
- To see if you may qualify, or to apply online through Newton Healthcare Corporation's website, visit: https://nmchealth.myfa.app/
- Obtain information about the Healthcare Assistance Program from the Department for Children and Families (DCF) in Newton or Health Ministries Clinic in Newton.

It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. **There is no assurance that the patient will qualify for financial assistance**.

10.0 Measures to Publicize the Financial Assistance Policy:

The following measures are used to publicize the Healthcare Assistance Program to the community and to patients:

10.1 Posting the Healthcare Assistance Policy, application and a Plain Language Summary of the policy on the Newton Healthcare Corporation website at the following location: https://www.mynmchealth.org/patients-visitors/payment-information/financial-assistance/.

10.2 Providing paper copies of the policy, application and Plain Language Summary of the policy upon request in the Emergency Department, Admissions locations, and Patient Financial Services department at Newton Healthcare Corporation.

10.3 Posting notices about the policy in the Emergency Department, admitting areas and business office of Newton Healthcare Corporation.

10.4 Distributing information sheets about the policy to the Newton Department for Children and Families (DCF) and Health Ministries Clinic in Newton.

10.5 Distributing a Plain Language Summary of the policy and offering a Healthcare Assistance Program application to patients before discharge from the hospital.

10.6 Informing patients about the Policy in person or during billing and customer service phone contacts.

10.7 Including a conspicuous written notice on billing statements that notifies and informs patients about the availability of financial assistance under the Policy and includes the telephone number of the department that can provide information about the Policy and the application process, and the website address where copies of the Policy, application form, and plain language summary of the Policy may be obtained.

11.0 Financial Assistance Policy Availability to Patients:

Newton Healthcare Corporation actively offers information on the availability of financial assistance to patients/guarantors.

Patients/guarantors will be given a summary notice of the policy in written and oral communication relating to billing during the notification period defined by government regulation as beginning on the date care is provided and ending 120 days after the hospital provides the patient/guarantor with the first billing statement. At least three statements, with a Plain Language Summary included, will be issued to the patient/guarantor during the notification period. The hospital will continue to accept and process financial assistance applications during the 240 day period from the date of the first billing statement, as required by regulation.

12.0 Billing and Collections Policy:

After the patient's bill is reduced by the discounts based on the Financial Assistance Eligibility Discount guidelines, the patient is responsible for the remainder of the outstanding patient account balances. Patients will be invoiced for any remaining amounts in accordance with a separate Billing and Collection Policy. If a patient qualifies for Financial Assistance, all charges associated with the patient's account(s) will be written off as Financial Assistance, except for the nominal copay.

Uninsured patients who are not eligible for the Healthcare Assistance Program, patients who participate in a Sharing Plan, or patients who have an insurance with whom Newton Healthcare Corporation does not participate, will be given a 30% discount off Charges as financial assistance.

Actions Newton Healthcare Corporation may take in the event of non-payment of a bill for medical care is described in the Billing and Collection Policy. Patients may obtain a free copy of the Billing and Collection Policy by calling 316-804-6255 or at www.myNMCHealth.org.

13.0 Determination of Financial Assistance:

Healthcare Assistance discounts are to be assessed only as a last resort, and all current or potential third-party coverage is to be considered primary to a discount. This includes, but is not limited to, any coverage such as commercial insurance, Medicare, a Healthcare Sharing Plan, Workers' Compensation, COBRA, Medicaid, and liability or auto insurance that covers the medical service in question. Patients covered by insurances that are non-contracting with Newton Healthcare Corporation yet elect to receive services at Newton Healthcare Corporation are not eligible for the Healthcare Assistance program.

The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for financial assistance discounts, and failure to seek eligibility from these sources may result in a denial of financial assistance under this policy.

13.1 Financial Assistance Assessment

Determination of financial assistance will be in accordance with procedures that may involve:

13.1.1 An application process, in which the patient or patient's guarantor is required to supply information and documentation relevant to making a determination of financial need;

13.1.2 A review of the patient's available assets;

13.1.3 A review of household size and the household gross income for the three months prior to the date of service and previous year's tax return;

13.1.4 A **presumptive eligibility** determination in unusual or extenuating circumstances (such as homelessness) when a patient is unable to submit a complete application. Presumptive eligibility may be determined on the basis of individual life circumstances which may include, but is not limited to:

- State-funded prescription programs;
- Homelessness or receipt of care from a homeless shelter;
- Participation in Women, Infants, Children programs (WIC);
- Food stamp eligibility;

- Low income /subsidized housing is provided as a valid address;
- Patient is deceased with no known estate;
- Patient has filed bankruptcy and whose bill has been fully discharged by the court;
- Patient required behavioral health services, and has a behavioral health plan that is not contracted with Newton Healthcare Corporation;
- Patients with out-of-state Medicaid plans that do not pay out-of-network benefits;
- Patients from entities (i.e. retirement community) who have a Lab Services Agreement with NMC Health, where entity sends lab specimens to NMC Health and the patient has a non-contracting insurance with NMC Health.
- Patients who have Medicaid spenddown when medically necessary services are provided.
- Patients who require a pre-procedure imaging test that is not allowed by insurance but required for the orthopedic procedure to be performed.
- Patients are not charged the copay.

13.2 Household Size and Household Income

13.2.1 When determining household size, an unborn fetus is counted as a family member.

13.2.2. A dependent child who is 18 years old, and is still in high school, may be considered a dependent child of the household until graduation from high school.

13.2.3 If a dependent 18-year-old is a full-time college student, the 18-year-old may be considered a dependent of the household.

13.2.4 If the patient is a minor child and both parents live in the same household, the combined income must be included, regardless of the parents' marital status. If the parents of the minor child do not live together, each parent may be held responsible for the child's bill.

13.3 Income Verification

Income verification will be documented with the Healthcare Assistance Application through the following mechanisms:

13.3.1 Payroll stubs showing gross income;

13.3.2 Verification of all income sources, based on marital status or court decree of legal separation;

13.3.3. Signed letters from employers on business letterhead stating gross income for the specified time;

13.3.4 Bank statements showing direct deposits;

13.3.5 Interest statements from banks, savings and loans, or other investment sources;

13.3.6 Complete IRS Income Tax Return forms including, but not limited to: W2, 1099, and/or 1098. A tax transcript may be requested.

13.3.7 Proof of payment amount or declination of payment by a healthcare sharing ministry program;

13.3.8 Retirement account disbursements;

13.3.9 If no income documentation is available, Letter of Support form available at Newton Healthcare Corporation is required identifying how you are financially surviving; and/or

13.3.10 If self-employed, monthly or quarterly documentation, if available.

- Complete income tax returns from the previous year.
- Expenses deducted from income are subject to approval by the Healthcare Assistance Committee.
- Depreciation on farm equipment and/or business equipment will not be included as an expense for purposes under this policy.
- Any of the items listed above.

13.4 Asset Verification

Twenty-five percent (25%) of the patient's assets as defined in the policy will be included in the income Eligibility determination. Assets to be included are, but are not limited to:

13.4.1 Cash;

13.4.2 Checking and savings accounts;

13.4.3 Certificates of Deposit;

13.4.4 Stocks;

13.4.5 Bonds;

13.4.6 Other securities;

13.4.7 The equity of real property (excluding primary residence), including income producing property;

13.4.8 The equity of motor vehicles (excluding 1 vehicle); and/or

13.4.9 Retirement accounts paying disbursements.

14.0 Length of Eligibility:

Once financial assistance has been approved, the discount is effective for 6 months from the date of service for the oldest applicable account.

15.0 Notification of Eligibility Determination:

Patients/guarantors will be notified by letter of the final determination of eligibility for financial assistance.

16.0 Exclusion:

Newton Healthcare Corporation reserves the right to deviate from the guidelines contained in this policy in the event of unusual situations and when a consensus to do so has been reached by the Patient Financial Services Manager, the Director of Revenue Services, and the Chief Financial Officer or their designees.

Newton Healthcare Corporation

Schedule A

of

Healthcare Assistance Program

Schedule A – Financial Assistance Eligibility Discount Guidelines
Newton Healthcare Corporation

Patients are considered financially indigent and may be eligible for a financial assistance discount of 100% less a nominal copay, if gross household income is less than or equal to the following amounts:

Family Size	Home Income
1	$43,890
2	$59,510
3	$75,130
4	$90,750
5	$106,370
6	$121,990
7	$137,610
8	$153,230

These annual income amounts are computed at 275% of the 2026 Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services (HHS) and are subject to change when HHS modifies their poverty guidelines.

For family units of more than 8 members, add $15,620 for each additional member.

Patients whose gross household income is over the amounts in the table above but are determined to be medically indigent may qualify for a financial assistance discount of 40% of Amounts Generally Billed amount (AGB), per the Newton Healthcare Corporation Financial Assistance Policy.

Newton Healthcare Corporation

Plain Language Summary

of

Healthcare Assistance Program

Patient Financial Assistance Plan

Newton Healthcare Corporation
Financial Assistance Policy-Plain Language Summary

The Newton Healthcare Corporation Financial Assistance Policy, referred to as Healthcare Assistance (HCA), exists to provide eligible patients partially or fully discounted emergent or medically necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and/or medically necessary healthcare services provided by Newton Healthcare Corporation.

Healthcare Assistance Eligibility – Patients receiving eligible services, who submit a Healthcare Assistance Application (including related documentation/information), and who are determined eligible for Healthcare Assistance by the Newton Healthcare Corporation Healthcare Assistance Committee.

How To Apply – Healthcare Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at Newton Healthcare Emergency Department or Admissions locations at 600 Medical Center Drive, Newton, KS; or at the Patient Financial Services department located at 800 Medical Center Drive, Newton, KS.
- Request to have an application mailed to you for free by calling 316-283-2700, ext. 1951.
- Request a free application by mail at Newton Healthcare Corporation, PO Box 308, Newton, KS 67114.
- Download an application through the Newton Healthcare Corporation website: https://www.mynmchealth.org/patients-visitors/payment-information/financial-assistance/.
- To see if you may qualify, or to apply online through Newton Healthcare Corporation's website, visit: https://nmchealth.myfa.app/
- Obtain information about the Healthcare Assistance Program from the Department for Children and Families (DCF) in Newton or Health Ministries Clinic in Newton.

Determination of Healthcare Assistance Eligibility – Generally, patients are eligible for financial assistance through the Healthcare Assistance program based on their income level and assets. Patients with family income of 275% of the Federal Poverty Level or less may be eligible for a discount of 100% after copays. Patients with family income over 275% of the Federal Poverty Level may be eligible for a discount of 40% of Amounts Generally Billed amount (AGB). See Schedule A of the Healthcare Assistance Policy at www.myNMCHealth.org. Eligible patients will not be charged more for emergency or other medically necessary care than what Medicare would allow for the care.

This summary, the Healthcare Assistance Policy, and Healthcare Assistance application are available in Spanish at the locations listed above.